

**VIRGINIA DEPARTMENT OF TRANSPORTATION  
INFORMATION SYSTEMS ACCESS REQUEST - EXTERNAL**

**User Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_  
 Phone: \_\_\_\_\_ (please include area code) E-mail address: \_\_\_\_\_  
 Local Government Name: \_\_\_\_\_ Office Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ ~~Signature~~ User Signature: \_\_\_\_\_

**User Action**

☒ New User  
☐ User no longer needs access Effective Date: \_\_\_\_\_

**Application System**

Please Select One: Add ☒ Change ☐ Delete ☐  
 If action was ADD or CHANGE, please describe level of access needed:  
 System Access To: DASHBOARD System Access To: Secure Portal  
 Level of Access: External User

**VDOT Business Coordinator Authorization**

Business Coordinator Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VDOT CentralOffice Information Technology Division Use Only**

Date Received: \_\_\_\_\_ Notification of Logon Date: \_\_\_\_\_